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APR -9 2001

TC 2800 MAIL ROOM

In Application of: Reimer et al.

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Group Art Unit: 2825 ✓

Examiner: Unknown

Serial No.: 09/505,580 ✓

Filed: February 16, 2000

For: Processing Apparatus Having  
Integrated Pumping System

GROUP 1700

APR 12 2001

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I hereby certify that this correspondence is being deposited on <u>10 Jan</u> , 2001, with the U. S. Postal Service as First Class Mail in an envelope addressed to: Office of Initial Patent Examination's, Customer Service Center, Washington, D.C. 20231.	
Date <u>10 Jan 01</u>	Signature <u>William B. Patterson</u>

Dear Sir:

**REQUEST FOR CORRECTION OF ERROR ON FILING RECEIPT**

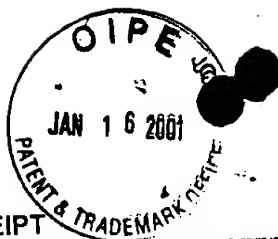
The Filing Receipt for the above-referenced application contains several typographical errors. Please replace "Smikth" with "Smith" in the applicant(s) section.

Attached is a copy of the Filing Receipt with the above changes noted thereon. Please correct these errors or notify the applicants of the reasons for denying the request.

Respectfully submitted,

William B. Patterson

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## FILING RECEIPT



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TC 2800 MAIL ROOM

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/505,580	02/16/2000	2825	1224	2981.P1/Ecore/core/mbe	17	41	5

Patent Counsel  
Applied Materials, Inc.  
P. O. Box 450-A  
Santa Clara, CA 95052

Date Mailed: 04/17/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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Pedram Sabouri, Santa Clara, CA ;  
Dennis Smith, San Jose, CA ;  
Smith

## Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CIP OF 09/220,153 12/23/1998

## Foreign Applications

If Required, Foreign Filing License Granted 04/17/2000

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## Title

Processing apparatus having integrated pumping system

## Preliminary Class

438

Data entry by : MIDDLETON, MATTIE

Team : OIPE

Date: 04/17/2000



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Bib Data Sheet

CONFIRMATION NO. 5947

<b>SERIAL NUMBER</b> 09/505,580	<b>FILING DATE</b> 02/16/2000 <b>RULE</b>	<b>CLASS</b> 438	<b>GROUP ART UNIT</b> 2825	<b>ATTORNEY DOCKET NO.</b> 2981.P1/Ecore/core/mbe
<b>APPLICANTS</b> Peter Reimer, Los Altos, CA; Pedram Sabouri, Santa Clara, CA; Dennis Smith, San Jose, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/220,153 12/23/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 04/17/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>R. Bush</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 41
		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> Patent Counsel Applied Materials, Inc. P. O. Box 450-A Santa Clara, CA 95052				
<b>TITLE</b> Processing apparatus having integrated pumping system				
<b>FILING FEE RECEIVED</b> 1224	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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